| Level of Need | Client Criteria | Services to be Provided | | |
|--|--|---|--|--|
| Tier 1 | | | | |
| Individuals with serious and persistent mental illness (SPMI). High risk and high need for intensive mental health and rehabilitation interventions AND/OR the need for long-term services and supports. Individuals with high mental health needs and low to high healthcare needs. | An included DSM-IV-TR diagnosis (see Attachment, "Medi-Cal Included Diagnoses"); AND Functional impairment as a result of the included DSM-IV-TR diagnosis. At least one of the following must apply: Significant impairment in an important area of life functioning, e.g., living situation, daily activities, or social support; Probability of significant deterioration in an important area of life functioning AND typically requires intensive intervention to maintain stability in the community, prevent decompensation and/or need for a higher level of care, (e.g., psychiatric hospitalization). May also have problems in maintaining successful community living, such as, homelessness, multiple involvements with criminal justice system, multiple emergency room visits. | Client is assessed to determine level of services needed, such as, Full Service Partnership (FSP), Field-capable Clinical Services (FCCS), and/or Wellness Center services/interventions. Full array of Mental Health Services are available in each level of care, including: Assessment, Individual, Family Support, Group, Collateral, Medication Support, Targeted Case Management, Case Consultation, and Peer Support and Self-Help Services as part of the recovery effort. | | |

| Level of Need | Client Criteria | Services to be Provided |
|--|---|--|
| | Tier 2 | |
| Individuals seen in a primary care setting who may benefit from and are willing to engage in an early intervention via short-term, time-limited treatment; are moderate- to low-risk and have a need for mental health interventions; AND/OR Individuals experiencing a recent crisis or are struggling with symptoms indicative of a mental illness who have not sought mental health treatment in the past; have not been diagnosed with SPMI, are not at imminent risk of hospitalization or, in most cases, immediate medication evaluation and services. The assessment should determine if these individuals may be experiencing the onset of a serious psychiatric illness. | Mental Health Integration Program Individuals ages 19 and older with an included diagnosis that is amendable to short – term treatment using the Mental Health Integration Program. In general, these will be individuals with depression and anxiety diagnoses; AND Difficulty functioning in one or more essential roles; AND Expectation that short-term, early intervention will ameliorate symptoms or life problem. | Mental Health Integration Program (MHIP) is the model to be used when there is coordination and collaboration with a Primary Care Provider (PCP). Problem-Solving Treatment (PST) is the recommended therapeutic component for most individuals. Staff may use other established Prevention and Early Intervention (PEI) evidence-based practices (EBPs) until they are fully trained in MHIP. These EBPs may include PEI – CORS (aka Benjamin Rush Crisis Intervention Model), Seeking Safety, and Prolonged Exposure Therapy. PEI EBPs other than PST may be used within the MHIP model when PST is not clinically appropriate, such as, for clients with Panic Disorder. Procedure Code H2016 shall be used by Community Partners (CPs) providing HWLA collaborative health/mental health services. CPs must use a consulting psychiatrist and may manually invoice DMH for up to |

| Level of Need | Client Criteria | Services to be Provided |
|---------------|---|--|
| Level of Need | Client Criteria Other PEI EBPs Full range of included diagnoses, generally less severe than Tier 1; AND Difficulty functioning in one or more essential roles; AND | two (2) hours per week for consultation with the MHIP team. Legal Entity (LE) and Directly-operated (DO) providers may utilize the full range of procedure codes available, with the exception of Group and Medication Support. Medication Support is to be provided by the PCP for the Tier 2 population. Providers shall complete the Adult Short Assessment form, applicable Client Care Coordination Plan (CCCP), and Progress Notes. Other PEI EBPs should be provided by LE and DO providers when there is no coordination and collaboration with a PCP, (i.e., MHIP is not applicable). The full range of procedure codes is available. Providers shall complete the Adult Short Assessment form when treatment is planned to be less than two months, |
| | Expectation that short-term, early intervention will ameliorate symptoms or life problem. | Adult CCCP and Progress Notes. |

| Level of Need | Client Criteria | Services to be Provided |
|--|---|-------------------------------|
| | Tier 3 | |
| Individuals seen in primary care settings who receive and desire only medication management and are not interested in participating in any psycho-therapeutic interventions. | Full range of included diagnoses, AND Minimal supports to maintain the client's | Medication prescribed by PCP. |
| May include individuals previously served in the mental health system who no longer need on-going recovery support for a serious mental illness. | stability and functioning. | |